



## **The Connecticut Women's Health Campaign**

African American Affairs Commission  
American Heart Association  
Celebrate Women at UCONN Health Center  
Children's Health Council  
CT Association for Human Services  
CT Association of School Based Health Care  
CT Breast Cancer Coalition, Inc.  
CT Children's Health Project  
CT Chronic Fatigue Immune Dysfunction and Fibromyalgia Assoc.  
CT Citizen's Action Group  
CT Coalition Against Domestic Violence  
CT Coalition for Choice  
CT Community Care, Inc.  
CT Legal Rights Project  
CT NARAL  
CT NOW  
CT Sexual Assault Crisis Services  
CT Women and Disability Network, Inc.  
CT Women's Consortium, Inc.  
Disability Services, City of New Haven  
Hartford College for Women  
Institute for Community Research  
Latino and Puerto Rican Affairs Commission  
National Association of Social Workers-CT Chapter  
National Council of Jewish Women  
National Ovarian Cancer Coalition CT  
Office for Women in Medicine, Yale University  
Older Women's League of NWCT  
Permanent Commission on the Status of Women  
Planned Parenthood of CT, Inc.  
Quinnipiac University Department of Nursing  
Ruthe Boyea Women's Center, Central CT State University  
UConn School of Allied Health  
UConn Women's Center  
Urban League of Greater Hartford, Inc.  
Valley Women's Health Access Program  
Women & Family Life Center

## **CONNECTICUT WOMEN'S HEALTH CAMPAIGN**

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## **Accessible Gynecological Services for Women with Disabilities**

The Connecticut Women's Health Campaign (CWHC) supports full compliance by medical providers with all existing federal and state laws and provisions for removing barriers and improving access to gynecological services for women with disabilities. Furthermore, CWHC believes all women are to be treated equally and with respect and that services should be delivered in a humane and dignified manner with the patient's full knowledge and consent.

### **The Problem**

- According to the latest census figures, 546,813 Connecticut residents have disabilities and presumably more than one-half of them are female. Women account for 21.3% of the national census disability population statistics, whereas men account for 19.8%.
- Connecticut women with disabilities have described facing two main types of barriers in receiving gynecological exams and other women's health services such as mammograms – physical barriers and insufficient access to care.
- Access to women's health care services is impaired due to the lack of available, accessible and affordable transportation; communication obstacles and architectural barriers such as medical facilities that have limited handicapped parking, inaccessible offices and examination rooms and screening procedures with inaccessible mammography and pelvic exam equipment. Women hospitalized at Department of Mental Health and Addiction Services (DMHAS) facilities do not as a matter of policy receive routine gynecological services.

### **What Can Be Done?**

- The Connecticut Women's Health Campaign believes that if all applicable federal, state, and local laws, regulations and codes were enforced, many of the barriers could be reduced. The DMHAS policies and procedures should be modified to include a provision for access to gynecological services for clients.

## **The Lack of Information and Attitudinal Barriers Must Be Addressed**

- For so many women with developmental disabilities the message since childhood, from parents and medical experts, is that marriage and family are unattainable goals. This attitude has caused them to disregard their reproductive health. As a result, many women with disabilities are not getting routine gynecological examinations and preventive screenings such as mammograms. A physician occupied with treating his patient's disability or secondary conditions may never think to discuss general health or suggest preventive screenings to the patient. Without the physician initiating the discussion, the patient might not know to raise an issue or what questions to ask. Conversely, a woman who is informed and practices good healthcare, including getting an annual mammogram and other routine screenings, may not be taken seriously or treated with respect by medical professionals who don't see women with disabilities as a gynecological population. Anecdotal data from focus groups and surveys suggest physician's offices routinely turn women away from mammograms and gynecological examinations. Women report attitudinal barriers in scheduling appointments; some women have even changed doctors because of the problem. In addition, many hospitals routinely sedate women with disabilities, more commonly women with intellectual impairments, for gynecological examinations. No quantifiable data or report currently exists on the number of women with disabilities in Connecticut, their health status and health related needs from which to draw conclusions and develop responses.
- Physicians should be required to provide educational materials to patients and medical professionals and support staff should be encouraged to participate in disability diversity training. A sedation review process should be developed and hospitals should be required to report the number of procedures performed. Sedation of disabled patients should only be used in the most extenuating circumstances and the practice should be monitored for abuse of patient rights. And finally, the state should undertake a study to report on the health of women with disabilities in Connecticut.

## **Cost Analysis**

- The proposed solutions are intended to save money by making quality health care available and accessible to a broader segment of the population. Without mammography and other preventive screenings, a person's long-term health care costs could increase and their financial self-sufficiency diminish.

## **For additional information, contact:**

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